

United States Bankruptcy Court for the:

District of South Carolina

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Regional Ambulance Service, Inc.

2. All other names debtor used
in the last 8 years

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer
Identification Number (EIN) 27-0004015

4. Debtor's address

Principal place of business

Mailing address, if different from principal place
of business

1089 Augusta Road

Number Street

Number Street

P.O. Box

Warrenville SC 29851

City State ZIP Code

City State ZIP Code

Location of principal assets, if different from
principal place of business

Aiken County

County

Number Street

City State ZIP Code

5. Debtor's website (URL) regionalambulanceservice.com

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.naics.com/search/>.
6219

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☐ No

☒ Yes. District District of SC When 12/16/2019 Case number 19-06574
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____
 MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Regional Ambulance Service, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/12/2021
MM / DD / YYYY

X /s/ Darrin Moyer

Signature of authorized representative of debtor

Darrin Moyer

Printed name

Title President

18. Signature of attorney

X /s/ Christine E. Brimm

Signature of attorney for debtor

Date 04/12/2021

MM / DD / YYYY

Christine E. Brimm

Printed name

Barton Brimm, PA

Firm name

1500 Highway 17 Business North Suite 214

Number Street

Surfside Beach

City

SC

State

29575-5142

ZIP Code

8032566582

Contact phone

cbrimm@bartonbrimm.com

Email address

SC 6569 / FED 6313

Bar number

SC

State

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA**

IN RE:)
)
Regional Ambulance Service, Inc.,) Case # 21-_____
)

Debtor.) Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Darrin Moyer, declare under penalty of perjury that I am the President of Regional Ambulance Service, Inc., and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 12th day of April, 2021.

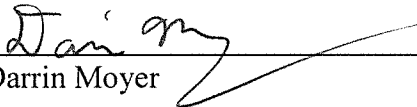
“Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Darrin Moyer, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Darrin Moyer, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Darrin Moyer, President of this Corporation is authorized and directed to employ Christine E. Brimm, attorney and the law firm of Barton Brimm, PA to represent the corporation in such bankruptcy case.

Dated: 04/12/2021



Darrin Moyer

Form 1120-S	Two Year Comparison Worksheet Page 1	2018 & 2019
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Name

Employer Identification Number

REGIONAL AMBULANCE SERVICE, INC

		2018	2019	Differences
Income	Gross profit percentage	100.0000	100.0000	
	Net receipts	4,892,586	3,738,758	-1,153,828
	Cost of goods sold			
	Gross profit	4,892,586	3,738,758	-1,153,828
	Net gain (loss) from Form 4797			
	Other income (loss)			
	Total income (loss)	4,892,586	3,738,758	-1,153,828
Deductions	Compensation of officers	120,000	120,000	
	Salaries and wages less employment credits	2,280,556	1,874,205	-406,351
	Repairs and maintenance	29,330	16,005	-13,325
	Bad debts			
	Rents	128,301	106,019	-22,282
	Taxes and licenses	281,602	145,523	-136,079
	Interest			
	Depreciation			
	Depletion			
	Advertising	13,965	9,473	-4,492
	Pension, profit-sharing, etc., plans			
	Employee benefit programs			
	Other deductions	1,904,786	1,390,508	-514,278
	Total deductions	4,758,540	3,661,733	-1,096,807
	Ordinary business income (loss)	134,046	77,025	-57,021
Tax and Payments	Excess net passive income or LIFO recapture tax			
	Tax from Schedule D			
	Total tax	0	0	0
	Estimated tax and prior year overpayment credited			
	Tax deposited with Form 7004			
	Credit for federal tax paid on fuels			
	Refund applied for on Form 4466	()	()	
	Refundable credit from Form 8827			
	Total payments and credits			
	Tax due (overpayment)	0	0	0
	Estimated tax penalty from Form 2220			
	Penalties and interest			
	Net tax due (overpayment)	0	0	0
	Overpayment credited to next year's estimated tax			
	Overpayment refunded			

Form 1120-S	Two Year Comparison Worksheet Page 2	2018 & 2019
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Name

Employer Identification Number

REGIONAL AMBULANCE SERVICE, INC

		2018	2019	Differences
Income (Loss)	Ordinary business income (loss)	134,046	77,025	-57,021
	Net rental real estate income (loss)			
	Other net rental income (loss)			
	Interest income			
	Dividends			
	Royalties			
	Net short-term capital gain (loss)			
	Net long-term capital gain (loss)			
	Net Section 1231 gain (loss)	10,000		-10,000
	Other income (loss)			
Deductions	Section 179 deduction			
	Charitable contributions	2,042	262	-1,780
	Investment interest expense			
	Section 59(e)(2) expenditures			
	Other deductions			
Credits	Low-income housing credit (Section 42(j)(5))			
	Low-income housing credit (other)			
	Qualified rehabilitation expenditures (rental real estate)			
	Other rental real estate credits			
	Other rental credits			
	Biofuel producer credit			
Foreign Transactions	Other credits			
	Total foreign gross income			
	Total foreign deductions			
	Total foreign taxes			
AMT Items	Reduction in taxes available for credit			
	Post-1986 depreciation adjustment			
	Adjusted gain or loss			
	Depletion (other than oil and gas)			
	Oil, gas, and geothermal properties-gross income			
	Oil, gas, and geothermal properties-deductions			
Items Affecting S/H Basis	Other AMT items			
	Tax-exempt interest income			
	Other tax-exempt income			
	Nondeductible expenses	51,533	33,056	-18,477
	Distributions	102,994	27,268	-75,726
Other Information	Repayment of loans from shareholders			
	Investment income			
	Investment expenses			
	Dividend distributions paid from accumulated E&P			
	Income (loss) (if Schedule M-1 is required)	142,004	76,763	-65,241

Form 1120-S	Two Year Comparison Worksheet Page 3	2018 & 2019
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Name

Employer Identification Number

REGIONAL AMBULANCE SERVICE, INC

		2018	2019	Differences
Schedule L	Beginning assets	1,044,003	902,356	-141,647
	Beginning liabilities and equity	1,044,003	902,356	-141,647
	Ending assets	902,356	899,795	-2,561
	Ending liabilities and equity	902,356	899,795	-2,561
Schedule M-1	Net income (loss) per books	90,471	43,707	-46,764
	Taxable income not on books			
	Book expenses not deducted	51,533	33,056	-18,477
	Income on books not on return			
	Return deductions not on books			
	Income (loss) per return	142,004	76,763	-65,241
Schedule M-2 AAA	Balance at beginning of year	-911,665	-911,620	45
	Ordinary income (loss) from page 1	134,046	77,025	-57,021
	Other additions	10,000		-10,000
	Other reductions	41,007	22,793	-18,214
	Distributions	102,994	27,268	-75,726
	Balance at end of year	-911,620	-884,656	26,964
Schedule M-2 PTI	Balance at beginning of year			
	Distributions			
	Balance at end of year			
Schedule M-2 E&P	Balance at beginning of year			
	Distributions			
	Balance at end of year			
Schedule M-2 OAA	Balance at beginning of year		-12,568	-12,568
	Other additions			
	Other reductions	12,568	10,525	-2,043
	Distributions			
	Balance at end of year	-12,568	-23,093	-10,525
Schedule M-3	Total income (loss) items:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			
	Total expense/deduction items:			
	Expense per income statement			
	Temporary difference			
	Permanent difference			
	Deduction per tax return			
	Other items with no differences:			
	Income (loss) per income statement			
	Income (loss) per tax return			
	Reconciliation totals:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			

Form 1120-S Return Summary

For calendar year 2019 or tax year beginning , ending
REGIONAL AMBULANCE SERVICE, INC

Ordinary Business Income (Loss)

Total income	3,738,758	
Total deductions	3,661,733	
Ordinary business income (loss)		77,025
Total S Corporation taxes		0

Schedule K, Line 18

Ordinary business income (loss)	77,025	
Net rental real estate income (loss)		
Other net rental income (loss)		
Interest income		
Dividends		
Royalties		
Short-term capital gain (loss)		
Long-term capital gain (loss)		
Net Section 1231 gain (loss)		
Other income (loss)		
Section 179 deduction		
Contributions	262	
Investment interest expense		
Section 59(e)(2) expenditures		
Other deductions		
Foreign taxes paid or accrued		
Income (loss) reconciliation (Schedule K, Line 18)		76,763

Schedule L

	Prior Year	Current Year
Assets	902,356	899,795
Liabilities	902,356	899,795
Difference	0	0

Schedule M-1

Schedule M-1	76,763
Schedule K, Line 18	76,763
Difference	0

Retained Earnings

	Schedule L	RE Reconciliation Worksheet
AAA	-884,656	-884,656
UTI		
E&P		
OAA	-23,093	-23,093
Timing	626	626
Total	-907,123	-907,123

Schedule M-3

Schedule M-3	
Schedule K, Line 18	
Difference	0
Total number of shareholders	1
Total ownership percentage	100.000000

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

◆ ERO must obtain and retain completed Form 8879-S.

◆ Go to www.irs.gov/Form8879S for the latest information.

For calendar year 2019, or tax year beginning , and ending

2019

Name of corporation

REGIONAL AMBULANCE SERVICE, INC

Employer identification number

[REDACTED]

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	3,738,758
2	Gross profit (Form 1120-S, line 3)	2	3,738,758
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	77,025
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	76,763

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **FULLER, FROST & ASSOCIATES, CPAS PC** to enter my PIN **[REDACTED]** as my signature
ERO firm name
on the corporation's 2019 electronically filed income tax return. Don't enter all zeros

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ◆

DARRIN MOYER

Date ◆

09/15/20

Title ◆

PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ◆

W. CHRISTIAN ETTERLEE, II

Date ◆

09/15/20

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2019)

Form **1120-S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2019

For calendar year 2019 or tax year beginning , ending

A S election effective date 01/11/02	TYPE OR PRINT	Name REGIONAL AMBULANCE SERVICE, INC	D Employer identification number [REDACTED]
B Business activity code number (see instructions) 621900		Number, street, and room or suite no. If a P.O. box, see instructions. 1089 AUGUSTA ROAD SUITE 300	E Date incorporated 01/11/2002
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code WARRENVILLE SC 29851	F Total assets (see instructions) \$ 899,795

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	3,738,758	1c	3,738,758
	b Returns and allowances	1b		2	
	c Balance. Subtract line 1b from line 1a			3	3,738,758
	2 Cost of goods sold (attach Form 1125-A)			4	
	3 Gross profit. Subtract line 2 from line 1c			5	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			6	3,738,758
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)			7	120,000
	6 Total income (loss). Add lines 3 through 5			8	1,874,205
	7 Compensation of officers (see instructions—attach Form 1125-E)			9	16,005
	8 Salaries and wages (less employment credits)			10	
	9 Repairs and maintenance			11	106,019
	10 Bad debts			12	145,523
	11 Rents			13	
	12 Taxes and licenses			14	
	13 Interest (see instructions)			15	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			16	9,473
	15 Depletion (Do not deduct oil and gas depletion.)			17	
	16 Advertising			18	
	17 Pension, profit-sharing, etc., plans			19	1,390,508
	18 Employee benefit programs			20	3,661,733
	19 Other deductions (attach statement) SEE STMT 1			21	77,025
20 Total deductions. Add lines 7 through 19					
21 Ordinary business income (loss). Subtract line 20 from line 6					
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120-S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)				
	23a 2019 estimated tax payments and 2018 overpayment credited to 2019	23a		23e	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Reserved for future use	23d			
	e Add lines 23a through 23d				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25	
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26		
27 Enter amount from line 26: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>			27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No**Sign Here**Signature of officer **DARRIN MOYER**

Date

PRESIDENT

Title

Paid Preparer Use Only

Print/Type preparer's name

W. CHRISTIAN ETTERLEE, II

Preparer's signature

W. CHRISTIAN ETTERLEE, II

Date

09/15/20Check ☐ if

self-employed

PTIN

[REDACTED]

Firm's name

FULLER, FROST & ASSOCIATES, CPAS PC

Firm's EIN

[REDACTED]

Firm's address

**3638 WALTON WAY EXT STE 300
AUGUSTA, GA 30909-1833**

Phone no.

706-724-2063

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2019)

DAA

Form 1120-S (2019) **REGIONAL AMBULANCE SERVICE, INC**

Page 2

Schedule B Other Information (see instructions)

1	Check accounting method:	a <input checked="" type="checkbox"/> Cash	b <input type="checkbox"/> Accrual		Yes	No
		c <input type="checkbox"/> Other (specify) ♦				
2	See the instructions and enter the:					
	a Business activity ♦	AMBULANCE SERVICE		b Product or service ♦	AMBULANCE SERVICE	
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					
		X				
4	At the end of the tax year, did the corporation:					
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					
		X				

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock ♦		
	(ii) Total shares of non-restricted stock ♦		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year ♦		
	(ii) Total shares of stock outstanding if all instruments were executed ♦		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	<input type="checkbox"/>	
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ♦ \$		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
	a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
	b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
	c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		
11	Does the corporation satisfy both of the following conditions?		X
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.		
	b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Form **1120-S** (2019)

Form 1120-S (2019) **REGIONAL AMBULANCE SERVICE, INC**

Page 3

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ◆ \$		X
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?		X
b If "Yes," did the corporation file or will it file required Forms 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 14 ◆ \$		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 77,025
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss) 3a	
	b Expenses from other rental activities (attach statement) 3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends 5b	
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a
	b Collectibles (28%) gain (loss) 8b	
	c Unrecaptured section 1250 gain (attach statement) 8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type ◆	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions SEE STMT 2	12a 262
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ◆ (2) Amount ◆	12c(2)
	d Other deductions (see instructions) Type ◆	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type ◆	13d
	e Other rental credits (see instructions) Type ◆	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ◆	13g
Foreign Transactions	14a Name of country or U.S. possession ◆	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Reserved for future use	14d
	e Foreign branch category	14e
	f Passive category	14f
	g General category	14g
	h Other (attach statement)	14h
	Deductions allocated and apportioned at shareholder level	
	i Interest expense	14i
	j Other	14j
	Deductions allocated and apportioned at corporate level to foreign source income	
	k Reserved for future use	14k
	l Foreign branch category	14l
	m Passive category	14m
	n General category	14n
	o Other (attach statement)	14o
	Other information	
	p Total foreign taxes (check one): ◆ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ◆	14p
	q Reduction in taxes available for credit (attach statement)	14q
	r Other foreign tax information (attach statement)	

Form 1120-S (2019) **REGIONAL AMBULANCE SERVICE, INC**

Page 4

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 33,056
	d Distributions (attach statement if required) (see instructions)	16d 27,268
	e Repayment of loans from shareholders	16e
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement) SEE STATEMENT 3	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18 76,763

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			101,841		99,280
2a Trade notes and accounts receivable					
b Less allowance for bad debts		()		()	
3 Inventories			124,055		124,055
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach statement) STMT 4			379,521		379,521
7 Loans to shareholders			130,068		130,068
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets		3,519,464		3,519,464	
b Less accumulated depreciation		(3,352,593)	166,871	(3,352,593)	166,871
11a Depletable assets					
b Less accumulated depletion		()		()	
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization		()		()	
14 Other assets (attach statement)					
15 Total assets			902,356		899,795
Liabilities and Shareholders' Equity					
16 Accounts payable					
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach statement) STMT 5			1,697,015		1,678,015
19 Loans from shareholders					
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach statement)					
22 Capital stock			500		500
23 Additional paid-in capital			128,403		128,403
24 Retained earnings			-923,562		-907,123
25 Adjustments to shareholders' equity (attach statement)					
26 Less cost of treasury stock		()		()	
27 Total liabilities and shareholders' equity			902,356		899,795

Form 1120-S (2019)

Form 1120-S (2019) **REGIONAL AMBULANCE SERVICE, INC**

Page 5

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	43,707	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	22,445			
	STMT 6	10,611	7	Add lines 5 and 6	
		33,056	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	76,763
4	Add lines 1 through 3	76,763			

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	-911,620		-12,568
2	Ordinary income from page 1, line 21	77,025		
3	Other additions			
4	Loss from page 1, line 21	(
5	Other reductions STMT 7	(22,793)		(10,525)
6	Combine lines 1 through 5	-857,388		-23,093
7	Distributions	27,268		
8	Balance at end of tax year. Subtract line 7 from line 6	-884,656		-23,093

Form 1120-S (2019)

Form **1125-A**

Cost of Goods Sold

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

◆ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
◆ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name REGIONAL AMBULANCE SERVICE, INC		Employer identification number [REDACTED]	
1	Inventory at beginning of year	1	124,055
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	124,055
7	Inventory at end of year	7	124,055
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	0

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ◆

b Check if there was a writedown of subnormal goods ◆ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ◆ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** ☐

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

671119

**Schedule K-1
(Form 1120-S)**

Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning

ending

Shareholder's Share of Income, Deductions, Credits, etc.
"See back of form and separate instructions."

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	77,025		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C*	STMT
12	Other deductions		
A	262	D	27,268
17		V*	STMT
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		

* See attached statement for additional information.

Part I Information About the Corporation

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

REGIONAL AMBULANCE SERVICE, INC

1089 AUGUSTA ROAD SUITE 300

WARRENVILLE SC 29851

C IRS Center where corporation filed return

E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

DARRIN K MOYER

919 RIVERBOUND CT

EVANS

GA 30809

F Shareholder's percentage of stock ownership for tax year

100.000000 %

For IRS Use Only

DAA

Form 1120-S	Section 199A Information Worksheet	2019
For calendar year 2019 or tax year beginning _____, ending _____		

Name REGIONAL AMBULANCE SERVICE, INC	Employer Identification Number [REDACTED]
--	---

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	PAGE 1 ACTIVITY				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	77,025				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Charitable contributions	262				
Other deductions					
W-2 wages	1,994,205				
Qualified property	2,152				

Other Information:

QBI allocable to cooperative pmts received
W-2 wages allocable to qualified payments
Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements

Statement 1 - Form 1120-S, Page 1, Line 19 - Other Deductions

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	\$ 342,305
BANK CHARGES	7,640
BONUS	1,000
C LEANING SUPPLIES	38
COMMUNICATIONS	904
COMPUTER MAINTENANCE	103,752
COMPUTER EXPENSE	1,610
DUES & SUBSCRIPTION	309
EMPLOYEE MEDICAL EXPENSES	9,575
EMPLOYEE TRAINING	2,724
EQUIPMENT MAINTENANCE	3,881
FIELD SUPPLIES	11,204
INSURANCE	450,684
MEDICAL SUPPLIES	22,498
MIS CELLANEOUS	104
NEW HIRE PROCEDURES	3,194
OFFICE SUPPLIES	9,137
POSTAGE & DELIVERY	5,951
PROFESSIONAL FEES	55,743
PROMOTION	6,850
REFUND	-65
TELEPHONE	84,544
TRAVEL	2,339
UNIFORMS	6,381
UTILITIES	11,657
V EHICLE LEASE EXPENSE	214,478
VEHICLE TRACKING SERVICE	9,626
50% OF MEALS	22,445
TOTAL	\$ 1,390,508

Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions

Description	Cash Contrib 60%	Cash Contrib 30%	Qualified Disaster	Total
CHARITABLE CONTRIBUTIONS	\$ 262	\$	\$	\$ 262
TOTAL	\$ 262	\$ 0	\$ 0	\$ 262

Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
SECTION 199A INFORMATION - SEE ATTACHED WRK	

Statement 4 - Form 1120-S, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
	\$ 379,521	\$ 379,521
TOTAL	\$ 379,521	\$ 379,521

Federal Statements

Statement 5 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
	\$ 1,697,015	\$ 1,678,015
TOTAL	\$ 1,697,015	\$ 1,678,015

Statement 6 - Form 1120-S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
FINES AND PENALTIES	\$ 86
OFFICER LIFE INS PREMIUMS	10,525
TOTAL	\$ 10,611

Statement 7 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
FINES AND PENALTIES	\$ 86
TRAVEL & ENTERTAINMENT	22,445
CHARITABLE CONTRIBUTIONS	262
TOTAL	\$ 22,793

Federal Statements**DARRIN K MOYER****Schedule K-1, Box 16, Code C - Nondeductible Expenses**

<u>Description</u>	<u>Shareholder Amount</u>
FINES AND PENALTIES	\$ 86
OFFICER LIFE PREMIUMS	10,525
PAGE 1 MEALS	22,445
TOTAL	<u>\$ 33,056</u>

Form 1120-S Schedule K-1	Schedule K-1, Box 17, Code V Shareholder's Section 199A Information	2019
For calendar year 2019 or tax year beginning _____, ending _____		

Name REGIONAL AMBULANCE SERVICE, INC DARRIN K MOYER	Taxpayer Identification Number <div style="background-color: black; height: 1em; width: 100%;"></div> <div style="background-color: black; height: 1em; width: 100%;"></div>
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	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	PAGE 1 ACTIVITY				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
QBI or Qualified PTP items:					
Ordinary business income (loss)	77,025				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Charitable contributions	262				
Other deductions					
W-2 wages	1,994,205				
Qualified property					

Other Information:

QBI allocable to cooperative pmts received

W-2 wages allocable to qualified payments

Section 199A(g) deduction

Section 199A REIT dividends

Federal Asset Report

Form 1120-S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
1	ROGUE 614	1/24/17	532	X	X		0	7 HY 200DB	532	0
2	COMPUTER	2/06/17	1,620	X	X		0	7 HY 200DB	1,620	0
			<u>2,152</u>				<u>0</u>		<u>2,152</u>	<u>0</u>
Grand Totals			2,152				0		2,152	0
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>2,152</u>				<u>0</u>		<u>2,152</u>	<u>0</u>

Bonus Depreciation Report
Form 1120-S, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	ROGUE 614	1/24/17	532		532	0	0	0
2	COMPUTER	2/06/17	1,620		1,620	0	0	0
Grand Total			<u>2,152</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Qualified Property Report
Form 1120-S, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Qualified Property</u>
1	ROGUE 614	1/24/17	532	100.00	532
2	COMPUTER	2/06/17	1,620	100.00	1,620
Grand Total			<u>2,152</u>		<u>2,152</u>

AMT Asset Report
Form 1120-S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	ROGUE 614	1/24/17	532	X	X	0	7 HY 200DB	532	0
2	COMPUTER	2/06/17	1,620	X	X	0	7 HY 200DB	1,620	0
			<u>2,152</u>			<u>0</u>		<u>2,152</u>	<u>0</u>
Grand Totals			2,152			0		2,152	0
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>2,152</u>			<u>0</u>		<u>2,152</u>	<u>0</u>

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	ROGUE 614	0	0	0
Page 1	1	2	COMPUTER	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

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Tax Asset Detail 1/01/19 - 12/31/19

Page 1

FYE: 12/31/2019

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		ROGUE 614	1/24/17	531.91	531.91	0.00	531.91	0.00	531.91	0.00	200DB	7.0
2		COMPUTER	2/06/17	1,619.96	1,619.96	0.00	1,619.96	0.00	1,619.96	0.00	200DB	7.0
Grand Total				<u>2,151.87</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,151.87</u>	<u>0.00</u>	<u>2,151.87</u>	<u>0.00</u>		

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Book Asset Detail 1/01/19 - 12/31/19

Page 1

FYE: 12/31/2019

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
1		ROGUE 614	1/24/17	531.91	531.91	0.00	531.91	0.00	531.91	0.00	200DB	7.0
2		COMPUTER	2/06/17	1,619.96	1,619.96	0.00	1,619.96	0.00	1,619.96	0.00	200DB	7.0
Grand Total				<u>2,151.87</u>	<u>0.00c</u>	<u>0.00</u>	<u>2,151.87</u>	<u>0.00</u>	<u>2,151.87</u>	<u>0.00</u>		

Form 1120-S	Schedule K-1 Summary Worksheet	2019
--------------------	---------------------------------------	-------------

Name REGIONAL AMBULANCE SERVICE, INC	Employer Identification Number [REDACTED]
--	---

	Shareholder Name	SSN/EIN
Column A	DARRIN K MOYER	[REDACTED]
Column B		
Column C		
Column D		

	Schedule K Items	Column A	Column B	Column C	Column D	SCH K TOTAL
1	Ordinary income	77,025				77,025
2	Net rental RE inc					
3c	Net other rental inc					
4	Interest income					
5a	Ordinary dividends					
5b	Qualified dividends					
6	Royalties					
7	Net ST capital gain					
8a	Net LT capital gain					
8b	Collectibles 28% gain					
8c	Unrecap Sec 1250					
9	Net Sec 1231 gain					
10	Other income (loss)					
11	Sec 179 deduction					
12a	Contributions	262				262
12b	Invest interest exp					
12c	Sec 59(e)(2) exp					
12d	Other deductions					
13a	Low-inc house 42j5					
13b	Low-inc house other					
13c	Qualif rehab exp					
13d	Rental RE credits					
13e	Other rental credits					
13f	Biofuel credit					
13g	Other credits					
14b	Gross inc all src					
14d-f	Total foreign inc					
14g-k	Total foreign deds					
14l	Total foreign taxes					
14m	Reduct in taxes					
15a	Depr adjustment					
15b	Adjusted gain (loss)					
15c	Depletion					
15d	Inc-oil/gas/geoth					
15e	Ded-oil/gas/geoth					
15f	Other AMT items					
16a	Tax-exempt interest					
16b	Other tax-exempt					
16c	Nonded expense	33,056				33,056
16d	Distributions	27,268				27,268
16e	Shr loan repmts					
17a	Investment income					
17b	Investment expense					
18	Income (loss)	76,763				76,763

Form 1120-S	Retained Earnings Reconciliation Worksheet	2019
For calendar year 2019 or tax year beginning , ending		
Name REGIONAL AMBULANCE SERVICE, INC		Employer Identification Number [REDACTED]

Schedule L - Retained Earnings

Retained Earnings - Unappropriated (Accumulated E&P)	0
Accumulated Adjustments Account	-884,656
Undistributed Previously Taxed Income	0
Other Adjustments Account	-23,093
Retained Earnings Timing Differences	626
 Schedule L, Line 24 - Retained Earnings	 -907,123

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Undistributed Previously Taxed Income	Accumulated Earnings and Profits	Other Adjustments Account	Retained Earnings Timing Differences	Total Retained Earnings
Beginning of Year	-911,620	0	0	-12,568	626	-923,562
Ordinary Income (Loss)	77,025					77,025
Other Additions						
Other Reductions	22,793			10,525		33,318
Distributions	27,268					27,268
End of Year	-884,656	0	0	-23,093	626	-907,123

Federal Statements**Form 1120-S, Retained Earnings Reconciliation Worksheet, AAA - Other Reductions**

<u>Description</u>	<u>Amount</u>
FINES AND PENALTIES	\$ 86
TRAVEL & ENTERTAINMENT	22,445
CHARITABLE CONTRIBUTIONS	262
TOTAL	<u>\$ 22,793</u>

Form 1120-S, Retained Earnings Reconciliation Worksheet, OAA - Other Reductions

<u>Description</u>	<u>Amount</u>
OFFICER LIFE INS PREMIUMS	\$ 10,525
TOTAL	<u>\$ 10,525</u>

Electronic Filing - PDF Attachment Worksheet

Form **1120/**
1120-S

2019

For calendar year 2019 or tax year beginning , ending

Name

REGIONAL AMBULANCE SERVICE, INC

Employer Identification Number

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN USE OF ESTIMATES	U:\CHRIS\2019 USE OF ESTIMATES.PDF	
AUTOMATICALLY ATTACHED TO RETURN SECTION 199A INFORMATION WORKSHEET	SECTION199AINFORMATIONWORKSHEET.PDF	
SHAREHOLDER SECTION 199A INFORMATION WORKSHEET	SHAREHOLDERSECTION199AINFORMATIONWORKSHEET.PDF	

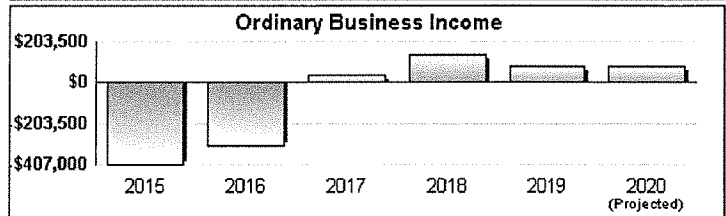
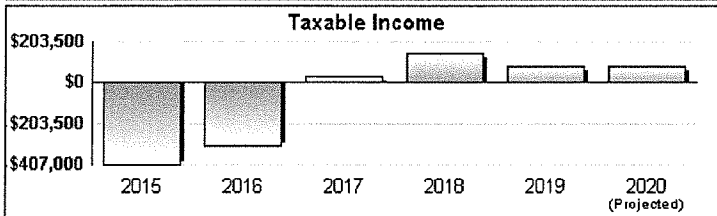
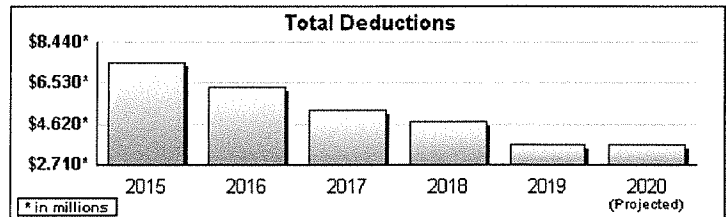
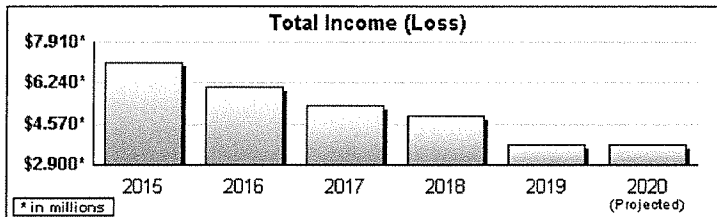
Form **1120-S**

Tax Return History Report Page 1

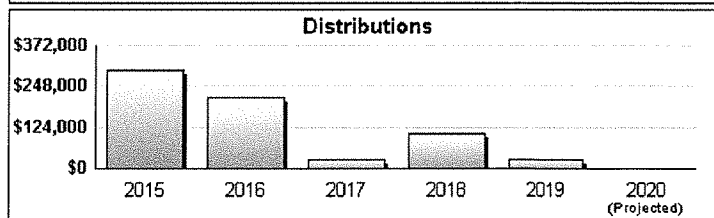
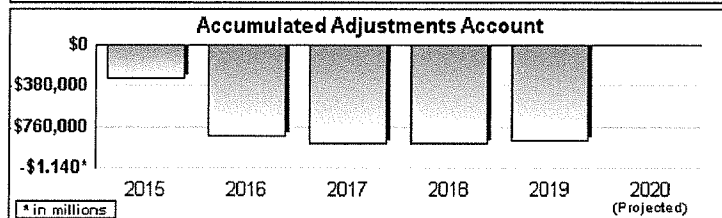
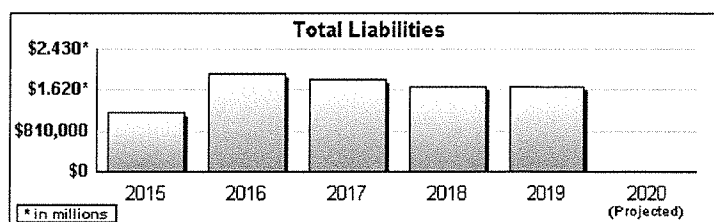
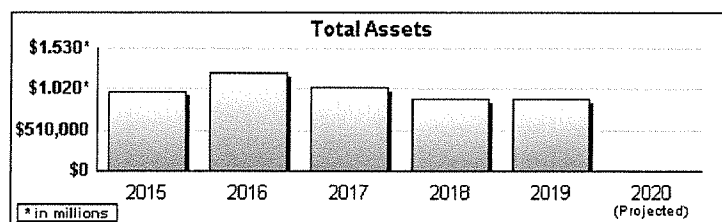
2019

Name **REGIONAL AMBULANCE SERVICE, INC** Employer Identification Number **[REDACTED]**

	2015	2016	2017	2018	2019	2020 PROJECTED
Net receipts	7,060,747	6,062,427	5,330,846	4,892,586	3,738,758	3,738,758
Cost of goods sold						
Gross profit	7,060,747	6,062,427	5,330,846	4,892,586	3,738,758	3,738,758
Gross profit percentage	100.0000	100.0000	100.0000	100.0000	100.0000	100.0000
Other income (loss)						
Total income (loss)	7,060,747	6,062,427	5,330,846	4,892,586	3,738,758	3,738,758
Officer compensation	110,769	120,000	111,045	120,000	120,000	120,000
Salaries and wages	4,126,063	3,563,439	2,696,135	2,280,556	1,874,205	1,874,205
Bad debts						
Taxes and licenses	814,719	373,310	356,194	281,602	145,523	145,523
Interest						
Depreciation						
Depletion (other than oil and gas)						
Pension and employee benefits						
Other deductions	2,416,930	2,321,673	2,130,552	2,076,382	1,522,005	1,522,005
Total deductions	7,468,481	6,378,422	5,293,926	4,758,540	3,661,733	3,661,733
Ordinary business income (loss)	-407,734	-315,995	36,920	134,046	77,025	77,025



Form 1120-S		Tax Return History Report Page 2					2019
Name REGIONAL AMBULANCE SERVICE, INC						Employer Identification Number [REDACTED]	
	2015	2016	2017	2018	2019	2020	PROJECTED
Ordinary business income (loss)	-407,734	-315,995	36,920	134,046	77,025	77,025	
Net rental income (loss)							
Interest, dividends and royalties							
Net capital gain (loss)							
Net Section 1231 gain (loss)				10,000			
Other income (loss)							
Section 179 deduction			2,152				
Charitable contributions		2,450	7,836	2,042	262	262	
Other deductions							
Total foreign taxes							
S Corporation taxable income (loss)	-407,734	-318,445	26,932	142,004	76,763	76,763	
Total assets	984,540	1,217,593	1,044,003	902,356	899,795		
Total liabilities	1,164,991	1,943,599	1,826,139	1,697,015	1,678,015		
Net equity	-180,451	-726,006	-782,136	-794,659	-778,220		
S Corporation book income (loss)	-415,917	-330,155	-35,108	90,471	43,707		
Accumulated earnings & profits							
Accumulated adjustments account	-304,980	-850,535	-911,665	-911,620	-884,656		
Retained earnings timing differences	626	626	626	626	626		
Distributions from S Corporation earnings	297,474	215,400	26,022	102,994	27,268		
Dividend distributions							



Shareholder's Basis Worksheet Page 1		2019
Form 1120-S	For calendar year 2019 or tax year beginning _____, ending _____	
Schedule K-1		
Name REGIONAL AMBULANCE SERVICE, INC DARRIN K MOYER		Taxpayer Identification Number [REDACTED]

Stock Basis

1. Beginning of year stock basis	0
2. Capital contributions	
Additions:	
3. Ordinary business income	77,025
4. Net rental income	
5. Interest, dividends, royalties and net capital gains	
6. Net Section 1231 gain	
7. Tax-exempt interest and other income	
8. Other income	
9. Gain on disposal of Section 179 assets	
Total of line 3 through line 9	77,025
10. Other increases	
11. Subtotal (Add line 1 through line 10)	77,025
Subtractions:	
12. Distributions	27,268
13. Total losses and deductions applied against stock basis (See Shareholder's Basis Worksheet Page 2)	49,757
14. Other decreases	
15. Amount used to restore loan basis	
16. End of year stock basis (Subtract the sum of lines 12 through 15 from line 11)	0

Loan Basis

17. Beginning of year loan basis	
18. Loans to corporation	
19. Loan basis restored - amount used in prior years to offset losses	
20. Other increases	
21. Loan repayments	
22. Total losses and deductions applied against loan basis (See Shareholder's Basis Worksheet Page 2)	
23. Other decreases	
24. End of year loan basis (Subtract the sum of lines 21 through 23 from the sum of lines 17 through 20)	0
25. End of year stock and loan basis (Add line 16 and line 24)	0
Principal amount of loan owed to shareholder at end of the year	0

Gain Recognized on Excess Distributions

26. Distributions	27,268
27. Stock basis before distributions and loss items	77,025
28. Gain recognized on excess distributions (Subtract line 27 from line 26)	0

Gain Recognized on Repayment of Shareholder Loan

29. Loan basis at beginning of tax year	
30. Loan basis restored - amount used in prior years to offset losses	
31. Loan basis before loan repayment (Add line 29 and line 30)	
32. Shareholder loan at beginning of tax year	
33. Loan repayments to shareholder during tax year	
34. Nontaxable return of loan basis ((Line 31 divided by line 32) multiplied by line 33)	
35. Gain recognized on repayment of shareholder loan (Subtract line 34 from line 33)	

*** NO GAIN RECOGNIZED IN CURRENT YEAR.**

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

Shareholder's Basis Worksheet Page 2

Form **1120-S**
Schedule K-1

2019

For calendar year 2019 or tax year beginning , ending

Name
REGIONAL AMBULANCE SERVICE, INC
DARRIN K MOYER

Taxpayer Identification Number
[REDACTED]

Loss Allocated to Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Loss	Percent	Allowed Loan Loss	Loss to Carryforward	Total Allowed Loss
Nondeductible noncap expenses	56,623	33,056	89,679	100.00	49,757	39,922	100.00			49,757
Deductible items:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
Net Section 1231 loss										
Other portfolio loss										
Other losses										
Section 179 expense	2,152		2,152	17.51		2,152	17.51		2,152	
Cash contributions (60%)	9,878	262	10,140	82.49		10,140	82.49		10,140	
Cash contributions (30%)										
Noncash contributions (50%)										
Qual conserv contrib (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Qual conserv contrib (100%)										
Qual cash contrib disaster (100%)										
Portfolio deductions										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expend										
Preproductive period exp										
Commercial revitalization ded										
Reforestation expense ded										
Other deductions										
Foreign taxes										
Loss on disposal of 179 assets										
Total deductible items	12,030	262	12,292	100.00		12,292	100.00		12,292	
Total nonded and deductible items	68,653	33,318	101,971		49,757	52,214			12,292	49,757

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

Federal Statements**Form 1120-S, Page 1, Line 12 - Taxes and Licenses**

Description	Amount
LICENSES & PERMITS	\$ 20,622
TAXES	13,082
PAYROLL TAXES	107,786
PROPERTY TAXES	2,258
USE TAX	1,072
SALES TAX	703
TOTAL	\$ 145,523

Form 1120-S, Page 4, Schedule K, Line 16c - Nondeductible Expenses

Description	Amount
FINES AND PENALTIES	\$ 86
OFFICER LIFE PREMIUMS	10,525
PAGE 1 MEALS	22,445
TOTAL	\$ 33,056

Form 1120-S, Page 4, Schedule L, Line 3 - Inventories

Description	Beginning of Year	End of Year
	\$ 124,055	\$ 124,055
TOTAL	\$ 124,055	\$ 124,055

Form 1120-S, Page 4, Schedule L, Line 7 - Loans to Shareholders

Description	Beginning of Year	End of Year
	\$ 130,068	\$ 130,068
TOTAL	\$ 130,068	\$ 130,068

Regional Ambulance Service, Inc.

Statement of Cash Flows

January 1 through April 9, 2021

1:30 PM

04/09/21

	Jan 1 - Apr 9, 21
OPERATING ACTIVITIES	
Net Income	232,633.48
Net cash provided by Operating Activities	232,633.48
INVESTING ACTIVITIES	
Office Equipment	-661.99
Net cash provided by Investing Activities	-661.99
FINANCING ACTIVITIES	
Sub S Distribution	-373.12
Net cash provided by Financing Activities	-373.12
Net cash increase for period	231,598.37
Cash at beginning of period	172,577.25
Cash at end of period	404,175.62

2:35 PM

Regional Ambulance Service, Inc.

03/10/21

Profit & Loss

Cash Basis

January through March 2021

	Jan - Mar 21
Ordinary Income/Expense	
Income	
Fees	
Contracted Facilities Income	148,251.11
Medicare Income	187,255.53
Private Insurance Income	164,120.98
Private Pay Income	6,481.08
Total Fees	506,108.70
Reimbursed Expenses	6,716.41
Total Income	512,825.11
Cost of Goods Sold	
Cost of Goods Sold	-400.00
Total COGS	-400.00
Gross Profit	513,225.11
Expense	
Advertising	1,039.43
Automobile Expense	
Fuel	29,507.33
Maintenance	20,185.42
Parts - Automobile expenses	289.54
Towing Expenses	3,889.16
Automobile Expense - Other	130.00
Total Automobile Expense	54,001.45
Bank Service Charges	1,677.97
Cleaning Supplies	262.60
Computer Maintenance	7,522.99
Computer Supplies	996.83
Contributions	98.27
Distribution	171.72
Dues and Subscriptions	25.98
Employee Loan	11,147.90
Employee Medical Expenses	6,217.26
Employee Morale	219.92
Employee Training	4,959.18
Field Supplies	
gloves	3,276.76
Total Field Supplies	3,276.76
Fines and Charges	12.00
Insurance	
Liability Insurance	46,856.78
Work Comp	17,841.00
Total Insurance	64,697.78
Licenses and Permits	3,738.16
Medical Supplies	
Oxygen	2,887.30
Medical Supplies - Other	4,294.83
Total Medical Supplies	7,182.13
New Hire Procedure	1,077.04
Office Supplies	600.78
Overpayment Refund	647.26
Paintball Supplies	110.14
Payroll Expenses	225,949.32
Postage and Delivery	810.00

2:35 PM

Regional Ambulance Service, Inc.

03/10/21

Profit & Loss

Cash Basis

January through March 2021

	Jan - Mar 21
Professional Fees	
Accounting	2,150.00
ADP	914.61
Legal Fees	230.00
Medical Director	3,000.00
Professional Fees - Other	943.09
Total Professional Fees	7,237.70
Promotion	5,610.77
Rent	26,080.00
Repairs	
Computer Repairs	268.80
Janitorial Exp	1,725.96
Total Repairs	1,994.76
Shop Supplies	393.67
Taxes	
Payroll Taxes	45,464.41
Property	10,318.73
State	125.00
Taxes - Other	14,312.93
Total Taxes	70,221.07
Telephone	
Cell Phone	932.76
Telephone - Other	18,012.10
Total Telephone	18,944.86
Travel & Ent	
Travel	192.68
Travel & Ent - Other	399.12
Total Travel & Ent	591.80
Uniforms	2,448.50
Utilities	
Water	52.71
Utilities - Other	2,038.71
Total Utilities	2,091.42
Vehicle Lease Expense	830.00
Withdrawal	307.44
Total Expense	533,194.86
Net Ordinary Income	-19,969.75
Other Income/Expense	
Other Income	
Loan	340,952.00
Other Income	10,354.24
Total Other Income	351,306.24
Net Other Income	351,306.24
Net Income	331,336.49

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.
United States Bankruptcy Court for the: District of South Carolina
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 1,144,792.72

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 1,144,792.72

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 1,785,934.33

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 89,210.36

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 1,014,003.37

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 2,889,148.06

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Department of The Treasury, IRS P.O. Box 7346 Philadelphia, PA, 19101						1,635,834.33
2	Wells Fargo 1739 Whiskey Road Aiken, SC, 29803		PPP - first	Contingent			420,059.00
3	Wells Fargo 1797 Whiskey Road Aiken, SC, 29803		PPP - second	Contingent			340,877.00
4	Zurich North America P.O. Box 464 Carol Stream, IL, 60197-4664	800-693-9466 billing.and.collection@zurichna.com					81,797.17
5	SC Department of Revenue P.O. Box 12265 Columbia, SC, 29211-9079						62,956.69
6	McCarthy, Reynolds & Penn, LLC 1517 Laurel Street P.O. Box 11332 Columbia, SC, 29211-1332	Harrison Penn 803-771-8836 hpenn@mccarthy-lawfirm.com					29,635.66
7	Hamilton McKinney & Moss 10120 Two Notch Road Suite 2, #402 Columbia, SC, 29223	R. Curry Moss 803-787-1509 cmoss@mosstax.com					25,000.00
8	Fulcher Hagler, LLP Attn: Scott Lewis One 10th Street, Suite 700 Augusta, GA, 30901	Scott Lewis 706-828-2624 slewis@fulcherlaw.com					20,235.71

Debtor Regional Ambulance Service, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Midlands Technical College P.O. Box 2408 Columbia, SC, 29202	Suzette Senn 803-822-3267 senns@midlandtech.edu					17,567.00
10	Uppro Attn: Dan Choi 25 Broadway, 9th Floor New York, NJ, 10004	Dan Choi 646-661-2202, ext. 101 dan@uppro.io					10,390.85
11	Quadient Leasing USA, Inc. Dept. 3682 P.O. Box 123682 Dallas, TX, 75312-3682	Rosa Diaz 201-357-8024 rosad@amscollections.com					9,985.54
12	EDTS, n/k/a Corsica Technologies 1721 Goodrich Street Augusta, GA, 30904	Brooks Hudson 706-722-4481 bhudson@hullbarrett.com					7,311.65
13	Schroeder's Towing 3512 Bush River Road Columbia, SC, 29210	Charlene Weeks 803-665-6414 schroederstowing@bellsouth.net					6,521.25
14	Aiken Regional Medical Centers Attn: Darren Waters, FBO Bus. & Ind. Dev. 440 Society Hill Drive, Suite 204 Aiken, SC, 29803	Darren Waters 803-2932-0023					5,604.00
15	Ace American Insurance Co. Lockbox #6907 P.O. Box 8500 Philadelphia, PA, 19178						5,000.00
16	Pollock 1711 Central Avenue Augusta, GA, 30904	Gary Richardson 678-495-0050 grichardson@c2resources.com					3,966.16
17	AFC Greer Attn: Anna Cardona 1467 Woodruff Road, Suite C Greenville, SC, 29607	Ana Cardona 864-458-9093 acardona@afcurgentcare.com					3,932.50
18	Fisher & Phillips, LLP 1320 Main Street, Suite 750 Columbia, SC, 29201	Stephen Mitchell 803-255-0000 smitchell@fisherphillips.com					3,710.47
19	Keyrisk P.O. Box 18746 Greensboro, NC, 27419	Tripp Lee 803-227-4814 tripp.lee@hubinternational.com					3,650.00
20	Midlands Exams & Drug Screening 3020 Sunset Blvd., Suite 102 West Columbia, SC, 29169	Megan Shaw 803-939-8422 billing@midlandsexams.com					3,223.00

Fill in this information to identify the case:Debtor name Regional Ambulance Service, Inc.United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells Fargo #8763

Checking

8 7 6 3

\$ 124,317.80

3.2. See continuation sheet

\$ 24,798.81

4. Other cash equivalents (Identify all)

4.1. Cashier's check (held in safe)

\$ 250,000.00

4.2. _____

\$ _____

5. Total of Part 1

\$ 399,116.61

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Regional Ambulance Service, Inc.
Name

Document Page 47 of 114 Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 431,526.21 - 20,653.02 = → \$ 410,873.19
face amount doubtful or uncollectible accounts11b. Over 90 days old: 183,506.16 - 33,429.40 = → \$ 150,076.76
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 560,949.95**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Regional Ambulance Service, Inc.

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Name

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Medical Supplies				2,500.00
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				2,500.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Regional Ambulance Service, Inc.

Document

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Case number (if known)

Name

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Desks, file cabinets, miscellaneous	\$ 0.00		\$ 2,000.00
40. Office fixtures Storage Shed	\$ 0.00		\$ 1,500.00
41. Office equipment, including all computer equipment and communication systems equipment and software 46 Ipads, 29 phones, printers	\$ 0.00		\$ 13,272.16
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 16,772.16

44. Is a depreciation schedule available for any of the property listed in Part 7?☒ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Regional Ambulance Service, Inc.

Document

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Case number (if known)

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 See Attached list	\$		\$ 165,354.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$		\$
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 165,354.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Regional Ambulance Service, Inc.

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Name

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1089 Augusta Road, Suite 300 Warrenville, SC 29851	Lease - \$5,000/mo.	\$ _____	_____	\$ 0.00
55.2 3800 Sunset Blvd. West Columbia, SC	Lease - \$3,200/mo.	\$ _____	_____	\$ 0.00
55.3 Maintenance Department 2040 Main Street Graniteville, SC 29829	Lease - \$560.00/mo.	\$ _____	_____	\$ 0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites regionalambulance.com	0.00 \$ _____	_____	\$ 100.00
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 100.00

Debtor

Regional Ambulance Service, Inc.

Document

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Case number (if known)

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Regional Ambulance Service, Inc.

Document Page 53 of 114 Case number (if known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 399,116.61	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 560,949.95	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 2,500.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 16,772.16	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 165,354.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 100.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,144,792.72	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 1,144,792.72		\$ 1,144,792.72

Debtor 1

Regional Ambulance Service, Inc.

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

3) Checking, savings, money market, or financial brokerage accounts

Wells Fargo #4651 Checking 4651

Balance: 1,044.01

Wells Fargo #6775 Checking 6775

Balance: 23,284.47

Wells Fargo #2462 Checking 2462

Balance: 470.33

[illegible]

Exhibit A/B 47

[illegible]

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.
 United States Bankruptcy Court for the: District of South Carolina
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Creditor's name Department of The Treasury, IRS Creditor's mailing address Centralized Insolvency Operation P.O. Box 7346, Philadelphia, PA 19101 Creditor's email address, if known _____ Date debt was incurred <u>2009, 2010, 20</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, _____ Describe debtor's property that is subject to a lien Cash, Accounts Receivable, Medical Supplies, Desks, file cabinets, miscellaneous, Storage Shed, 46 Ipads, 29 phones, printers, See Attached list, regionalambulanceservice.com, Cashier's check (held in safe) Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,635,934.33	\$ 1,144,792.72	
2.2	Creditor's name US Small Business Administration Creditor's mailing address 2 North 20th Street, Suite 320 Birmingham, AL 35203 Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien All Assets Describe the lien Agreement you made Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150,000.00	\$0.00
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ 1,785,934.33		

Debtor

Regional Ambulance Service, Inc.

Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Darrin Moyer 919 Riverbound Court Evans, GA, 30809	Line 2. <u>1</u>	_____
SBA Office of Disaster Assistance 408 3rd Street, SW Washington, DC, 20416	Line 2. <u>2</u>	_____
US Securities and Exchange Commission Office of Reorganization 950 East Paces Ferry Road, NE, Suite 900 Atlanta, GA, 30326-1382	Line 2. <u>1</u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____

Fill in this information to identify the case:

Debtor Regional Ambulance Service, Inc.United States Bankruptcy Court for the: District of South CarolinaCase number
(If known) _____☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

A'Laya Nobles
 483 Outing Club Road
 Aiken, SC, 29801

As of the petition filing date, the claim is: \$295.60

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$295.60

Basis for the claim:

Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)**2.2 Priority creditor's name and mailing address**

Akeil Hagin
 106 Edrie Oaks Circle
 Aiken, SC, 29801

As of the petition filing date, the claim is: \$714.07

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$714.07

\$714.07

Basis for the claim:

Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)**2.3 Priority creditor's name and mailing address**

Albert Maurice
 145 Albert Road
 West Columbia, SC, 29172

As of the petition filing date, the claim is: \$455.30

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$455.30

\$455.30

Basis for the claim:

Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 **Priority creditor's name and mailing address**

\$ 673.08

\$ 673.08

Amanda Johnson
2024 Lorraine Drive Southwest
Aiken, SC, 29801

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.5 **Priority creditor's name and mailing address**

\$ 386.20

\$ 386.20

Amanda Neese
24 Country Meadow Lane
Lexington, SC, 29073

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.6 **Priority creditor's name and mailing address**

\$ 237.50

\$ 237.50

Amy Moyer
919 Riverbound Court
Evans, GA, 30809

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.7 **Priority creditor's name and mailing address**

\$ 393.16

\$ 393.16

April R. Taylor
483 Outing Club Road
Aiken, SC, 29801

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.⁸ Priority creditor's name and mailing addressBrandon Ziglar
1007 Frances Street
North Augusta, SC, 29841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$760.19

\$760.19

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.⁹ Priority creditor's name and mailing addressBrian C. Williams
2184 Winding Trail Road
Graniteville, SC, 29829

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$454.87

\$454.87

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.¹⁰ Priority creditor's name and mailing addressBriana E. Fallon
4021 Percival Road
Apt. 1833
Columbia, SC, 29229

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$334.08

\$334.08

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.¹¹ Priority creditor's name and mailing addressCassandra R. Dunbar
301 Huber Clay Road
Warrenville, SC, 29851

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$473.14

\$473.14

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ¹² Priority creditor's name and mailing address

\$ 405.52

\$ 405.52

Catherine Kaylor
2007 Canada Drive
Augusta, GA, 30906

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ¹³ Priority creditor's name and mailing address

\$ 841.72

\$ 841.72

Christopher Burgess
2353 Camelia Street
Cayce, SC, 29033

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ¹⁴ Priority creditor's name and mailing address

\$ 343.88

\$ 343.88

Dallas J. Brown
83 Boyd Drive
Graniteville, SC, 29829

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ¹⁵ Priority creditor's name and mailing address

\$ 96.25

\$ 96.25

Darrell S. Satcher
202 Wildwood Drive
North Augusta, SC, 29841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 **Priority creditor's name and mailing address**

Darrin K. Moyer
919 Riverbound Court
Evans, GA, 30809

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,307.69

\$ 2,307.69

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.17 **Priority creditor's name and mailing address**

Daryl Leto
379 Redds Branch Road
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 304.52

\$ 304.52

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.18 **Priority creditor's name and mailing address**

Dwight B. Pixley
144 Denise Court
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 613.13

\$ 613.13

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2.19 **Priority creditor's name and mailing address**

Eddie E. White
332 Southbrook Drive
Lexington, SC, 29073

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,057.69

\$ 1,057.69

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁰ **Priority creditor's name and mailing address**

\$ 1,401.94

\$ 1,401.94

Elizabeth Klein
401 Wannamaker Street
Orangeburg, SC, 29115

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²¹ **Priority creditor's name and mailing address**

\$ 362.02

\$ 362.02

Emanuel Mixon
3421 Winesap Way

Augusta, GA, 30906

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²² **Priority creditor's name and mailing address**

\$ 865.39

\$ 865.39

Erica R. Zamora
332 Southbrook Drive
Lexington, SC, 29073

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²³ **Priority creditor's name and mailing address**

\$ 432.41

\$ 432.41

Fedirra R. Bryant
1914 Alan Avenue
Aiken, SC, 29801

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁴ **Priority creditor's name and mailing address**

\$ 890.96

\$ 890.96

George Rivers
110 Joe Paul Drive
Cordova, SC, 29039

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²⁵ **Priority creditor's name and mailing address**

\$ 167.79

\$ 167.79

Hannah E. Greene
201 Woodgate Drive
Columbia, SC, 29223

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²⁶ **Priority creditor's name and mailing address**

\$ 793.30

\$ 793.30

Harrison Arline
111 Sabal Drive
Aiken, SC, 29803

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²⁷ **Priority creditor's name and mailing address**

\$ 769.23

\$ 769.23

Heather M. Durham
420 E. Wise Street
Trenton, SC, 29847

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁸ **Priority creditor's name and mailing address**Jacqueline Brenes
214 Oakwood Drive
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 784.84

\$ 784.84

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ²⁹ **Priority creditor's name and mailing address**Jazmyn Couvillon
133 Bradleyville Road
North Augusta, SC, 29841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 189.79

\$ 189.79

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ³⁰ **Priority creditor's name and mailing address**Jeffrey Kyle Foster
174 Spring Oak Lane
North Augusta, SC, 29841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,153.85

\$ 1,153.85

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ³¹ **Priority creditor's name and mailing address**Jose Mendoza
1723 Colleton Avenue
Aiken, SC, 29801

As of the petition filing date, the claim is: \$ 570.60

\$ 570.60

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ³² Priority creditor's name and mailing address

\$415.20

\$415.20

Kara L. Jolly
5234 Platt Springs Road
Lot 2
Lexington, SC, 29073

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³³ Priority creditor's name and mailing address

\$25.16

\$25.16

Kordisha Mayers
4932 Barrington Drive
Columbia, SC, 29203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁴ Priority creditor's name and mailing address

\$218.50

\$218.50

Lee Yvette McGraw
530 Chisolm Way
Lexington, SC, 29073

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁵ Priority creditor's name and mailing address

\$587.20

\$587.20

Michael Close
776 W. Martintown Road
North Augusta, SC, 29841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ³⁶ Priority creditor's name and mailing address

\$ 220.00

\$ 220.00

Nicholas Jackson
633 Rawl Street
Columbia, SC, 29203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁷ Priority creditor's name and mailing address

\$ 389.59

\$ 389.59

Odell D. Pearson
401 Wanna Maker Street
Orangeburg, SC, 29115

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁸ Priority creditor's name and mailing address

\$ 257.95

\$ 257.95

Robert Metz
309 Gemstone Court
Lexington, SC, 29072

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁹ Priority creditor's name and mailing address

\$ 99.15

\$ 99.15

Robin Armstrong
1253 Basin Rock Lane
Lexington, SC, 29073

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁰ **Priority creditor's name and mailing address**

\$ 62,956.69

\$ 62,956.69

SC Department of Revenue
P.O. Box 12265
Columbia, SC, 29211-9079

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴¹ **Priority creditor's name and mailing address**

\$ 0.00

\$

Sarah A. Harding
32 Hampton Drive
Warrenville, SC, 29851

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴² **Priority creditor's name and mailing address**

\$ 345.93

\$ 345.93

Shannon R. Williamson
295 Baylor Drive
Graniteville, SC, 29829

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴³ **Priority creditor's name and mailing address**

\$ 540.65

\$ 540.65

Stephen Anglin, III
5012 Serendipity Court
Aiken, SC, 29803

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁴ **Priority creditor's name and mailing address**

\$ 138.46

\$ 138.46

Steve W. Shillinglaw
1998 Windrose Way
Myrtle Beach, SC, 29577

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁴⁵ **Priority creditor's name and mailing address**

\$ 401.25

\$ 401.25

Sydney Elkins
130 Adler Road
West Columbia, SC, 29170

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁴⁶ **Priority creditor's name and mailing address**

\$ 213.64

\$ 213.64

Tabitha L. Perkins
1915 Old Barnwell Road
Lexington, SC, 29073

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁴⁷ **Priority creditor's name and mailing address**

\$ 535.13

\$ 535.13

Tiara Jenkins
122 Springwood Loop
Warrenville, SC, 29851

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred**Basis for the claim:**Wages, Salaries, Commissions**Last 4 digits of account number****Is the claim subject to offset?**

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁸ Priority creditor's name and mailing address

\$ 391.25

\$ 391.25

Tracy L. Winters
509 Polo Drive
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁴⁹ Priority creditor's name and mailing address

\$ 463.52

\$ 463.52

Trevor Starnes
76 Edwards Drive
North Augusta, SC, 29860

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁵⁰ Priority creditor's name and mailing address

\$ 1,065.25

\$ 1,065.25

Veronica D. Weston
305 Holt Street
Eastover, SC, 29044

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁵¹ Priority creditor's name and mailing address

\$ 416.13

\$ 416.13

Zenobia T. Darby
50 Dallas Circle
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Ace American Insurance Co. Lockbox #6907 P.O. Box 8500 Philadelphia, PA, 19178 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,000.00
3.2	Nonpriority creditor's name and mailing address ADP P.O. Box 12513 1851 N. Resler Drive El Paso, TX, 79912 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Unknown
3.3	Nonpriority creditor's name and mailing address AFC Greer Attn: Anna Cardona 1467 Woodruff Road, Suite C Greenville, SC, 29607 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 3,932.50
3.4	Nonpriority creditor's name and mailing address Aiken County EMS 1930 University Parkway, Suite 3200 Warrentonville, SC, 29851 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 200.00
3.5	Nonpriority creditor's name and mailing address Aiken Regional Medical Centers Attn: Darren Waters, FBO Bus. & Ind. Dev. 440 Society Hill Drive, Suite 204 Aiken, SC, 29803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,604.00
3.6	Nonpriority creditor's name and mailing address Air Gas P.O. Box 734672 Dallas, TX, 75373 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,000.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address All Star Towing 3500 Fernandina Road, Apt. E-3 Columbia, SC, 29210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,116.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸	Nonpriority creditor's name and mailing address Angelica P.O. Box 532268 Atlanta, GA, 30353-2268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,676.33
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address Augusta Data Storage 3122 Mike Padgett Highway Augusta, GA, 30906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 30.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of SC 4101 Percival Road Columbia, SC, 29219-8320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 64.65
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address Bon Secours Ambulatory Service St. Fran 1467 Woodruff Road, Suite C Greenville, SC, 29607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 934.41
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹² Nonpriority creditor's name and mailing address

Companion Life
P.O. Box 100102
Columbia, SC, 29202-3102

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 306.30

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹³ Nonpriority creditor's name and mailing address

Connector 2000 Association
P.O. Box 408
Piedmont, SC, 29673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11.75

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁴ Nonpriority creditor's name and mailing address

CSRA Paper & Janitorial Supply
2002 Gordon Highway
Augusta, GA, 30909

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 1,343.22

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁵ Nonpriority creditor's name and mailing address

Deltacom, n/k/a Windstream Enterprise
P.O. Box 2252
Birmingham, AL, 35246-1058

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁶ Nonpriority creditor's name and mailing address

Dept. of Public Utilities
P.O. Box 1057
Orangeburg, SC, 29116-1057

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 447.11

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

Doctors Care
P.O. Box 63418
Charlotte, NC, 28263-3418

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 306.71

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁸ Nonpriority creditor's name and mailing address

EDTS, n/k/a Corsica Technologies
1721 Goodrich Street
Augusta, GA, 30904

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7,311.65

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁹ Nonpriority creditor's name and mailing address

Fisher & Phillips, LLP
1320 Main Street, Suite 750
Columbia, SC, 29201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,710.47

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁰ Nonpriority creditor's name and mailing address

Fuelman
P.O. Box 70887
Charlotte, NC, 28272

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²¹ Nonpriority creditor's name and mailing address

Fulcher Hagler, LLP
Attn: Scott Lewis
One 10th Street, Suite 700
Augusta, GA, 30901

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 20,235.71

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.²² Nonpriority creditor's name and mailing address

Gray's Auto & Tire
3702 Bamberg Road
Orangeburg, SC, 29115

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 510.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.²³ Nonpriority creditor's name and mailing address

Hamilton McKinney & Moss
10120 Two Notch Road
Suite 2, #402
Columbia, SC, 29223

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 25,000.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.²⁴ Nonpriority creditor's name and mailing address

Jiffy Lube
P.O. Box 211042
Martinez, GA, 30917

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 158.06

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.²⁵ Nonpriority creditor's name and mailing address

Keyrisk
P.O. Box 18746
Greensboro, NC, 27419

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,650.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.²⁶ Nonpriority creditor's name and mailing address

Levi, Wittenburg, Harriet, Hoeffler
P.O. Drawer 730
Sumter, SC, 29151

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address

Lexington Medical Center
Attn: Nancy Sells
P.O. Box 2210
Lexington, SC, 29071-2210

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 458.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁸ Nonpriority creditor's name and mailing address

Mail Finance
25881 Network Place
Chicago, IL, 60673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,950.24

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ²⁹ Nonpriority creditor's name and mailing address

McCarthy, Reynolds & Penn, LLC
1517 Laurel Street
P.O. Box 11332
Columbia, SC, 29211-1332

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 29,635.66

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁰ Nonpriority creditor's name and mailing address

Med Care Columbia
P.O. Box 415000
Nashville, TN, 37241

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 1,144.75

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³¹ Nonpriority creditor's name and mailing address

Midlands Exams & Drug Screening
3020 Sunset Blvd., Suite 102
West Columbia, SC, 29169

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,223.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³² Nonpriority creditor's name and mailing address

Midlands Technical College
P.O. Box 2408
Columbia, SC, 29202

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 17,567.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³³ Nonpriority creditor's name and mailing address

NACM Southwest
751 Plaza Blvd.
Coppell, TX, 75019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 153.13

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁴ Nonpriority creditor's name and mailing address

O'Reilly Auto Parts
1012 Gregg Highway NW
Aiken, SC, 29801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 155.88

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁵ Nonpriority creditor's name and mailing address

Pollock
1711 Central Avenue
Augusta, GA, 30904

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,966.16

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁶ Nonpriority creditor's name and mailing address

Quadient Leasing USA, Inc.
Dept. 3682
P.O. Box 123682
Dallas, TX, 75312-3682

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 9,985.54

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing address

Schroeder's Towing
3512 Bush River Road
Columbia, SC, 29210

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,521.25

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁸ Nonpriority creditor's name and mailing address

Southern Anesthesia Surgical, Inc.
One Southern Court
West Columbia, SC, 29169

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 483.76

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁹ Nonpriority creditor's name and mailing address

Stamps.com
1990 East Grand Avenue
El Segundo, CA, 90245

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 19.43

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁰ Nonpriority creditor's name and mailing address

Stevens Towing
2307 Airport Road
Greer, SC, 29650

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 272.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴¹ Nonpriority creditor's name and mailing address

The Hartford Sentinel Insurance Co.
P.O. Box 660916

Dallas, TX, 75266-0916

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 198.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address UMG Prompt Care 925 Branch Court Grovetown, GA, 30813	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 512.00
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3. ⁴³	Nonpriority creditor's name and mailing address University Occupational Health Center 3121 Peach Orchard Road, Suite 201 Augusta, GA, 30906	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 247.00
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3. ⁴⁴	Nonpriority creditor's name and mailing address Uppro Attn: Dan Choi 25 Broadway, 9th Floor New York, NJ, 10004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,390.85
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3. ⁴⁵	Nonpriority creditor's name and mailing address Urgent Care Group, LLC P.O. Box 415000 Nashville, TN, 37241-8091	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 52.50
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3. ⁴⁶	Nonpriority creditor's name and mailing address US Bank Equipment Finance P.O. Box 790448 St Louis, MO, 63179-0448	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 638.64
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address

US Standard Products
P.O. Box 5509
Englewood, NJ, 07631

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 237.56

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁸ Nonpriority creditor's name and mailing address

Verizon
P.O. Box 660108
Dallas, TX, 75226-0108

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 466.77

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁹ Nonpriority creditor's name and mailing address

Wells Fargo
1739 Whiskey Road
Aiken, SC, 29803

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

\$ 420,059.00

Basis for the claim: PPP - first

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵⁰ Nonpriority creditor's name and mailing address

Wells Fargo
1797 Whiskey Road
Aiken, SC, 29803

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

\$ 340,877.00

Basis for the claim: PPP - second

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁵¹ Nonpriority creditor's name and mailing address

Wingard Towing
1809 Augusta Road
West Columbia, SC, 29169

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 387.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address Worker's Compensation RX Solutions 14301 N. 87th Street Scottsdale, AZ, 85260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 55.21
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³	Nonpriority creditor's name and mailing address Zurich North America P.O. Box 464 Carol Stream, IL, 60197-4664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 81,797.17
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. AFC Urgent Care P.O. Box 743652 Atlanta, GA, 30374-3652	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2. Allen, Maxwell & Silver P.O. Box 540 Fair Lawn, NJ, 07410	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.3. Craig H. Allen, Esq. Craig H. Allen, PA P.O. Box 10854 Greenville, SC, 29603	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.4. SC Dept. of Employment and Workforce 1550 Gadsden Street P.O. Box 8597 Columbia, SC, 29202	Line <u>2.40</u> <input type="checkbox"/> Not listed. Explain: _____	_____
41. South Carolina Health Care Association 176 Laurelhurst Avenue Columbia, SC, 29210	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 89,210.36

5b. **Total claims from Part 2**

5b.

+

\$ 1,014,003.37

5c. **Total of Parts 1 and 2**

5c.

\$ 1,103,213.73

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>Oxygen</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Air Gas</p> <p>1221 New Savannah Road</p> <p>Augusta, GA, 30901</p>
2.2	<p>Columbia Landlord</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Henry Abeyta</p> <p>159 North Wrennwood</p> <p>Lexington, SC, 29073</p>
2.3	<p>Aiken Maintenance Landlord</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>John Adams</p> <p>519 Augusta Road</p> <p>Warrenville, SC, 29851</p>
2.4	<p>EMS Aiken Landlord</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Piedmont Planning, LLC</p> <p>1089 Augusta Road</p> <p>Warrenville, SC, 29851</p>
2.5	<p>1 Stamp Machine</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Mail Finance/Neopost USA, Inc.</p> <p>478 Wheelers Farm Road</p> <p>Milford, CT, 06461</p>

Debtor

Regional Ambulance Service, Inc.
Name

Case number (if known)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

3 Copiers

Pollock
1711 Central Avenue
Augusta, GA, 30904

2.6

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

1 Trash Container

Zters, Inc.
13727 Office Park Drive
Houston, TX, 77070

2.7

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

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State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Darrin Moyer	Darrin Moyer 1089 Augusta Road Warrenville, SC 29851	SC Department of Revenue	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Regional Ambulance Service, Inc.
 United States Bankruptcy Court for the: District of South Carolina
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2021 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 573,904.31

For prior year:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 3,154,853.50

For the year before that:

From 01/01/2019 to 12/31/2019
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 3,737,267.83

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2021 to Filing date
MM / DD / YYYY

PPP Loan \$ 340,877.00

For prior year:

From 01/01/2020 to 12/31/2020
MM / DD / YYYY

PPP, Covid Stimulus \$ 561,096.00

For the year before that:

From 01/01/2019 to 12/31/2019
MM / DD / YYYY

\$ 0.00

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Fuelman</u> Creditor's name P.O. Box 70887 Charlotte, NC 28272	<u>3/1/21; 3/15/21</u> <u>2/1/2021; 2/15/21</u> <u>3/29/21</u>	<u>\$ 29,840.52</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2. <u>ADP</u> Creditor's name P.O. Box 12513 1851 N. Resler Drive El Paso, TX 79912	<u>1/29/21; 2/11/21</u> <u>2/26/21; 3/12/21</u> <u>3/26/21; 4/9/21</u>	<u>\$ 96,157.87</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			
4.2. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Value of property

Creditor's name

\$_____

Creditor's name

\$ _____

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Amount

Creditor's name

\$ _____

Last 4 digits of account number: XXXX-_____

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Status of case

 Pending

 On appeal

Concluded

Case number

2021CP-0200613

Court or agency's name and address

 Pending

☐ On appeal

Concluded

Case number

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
 Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	_____
_____	_____	_____	_____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	_____
_____	_____	_____	_____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). _____	_____	\$ _____

Debtor Regional Ambulance Service, Inc.
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Barton Brimm, PA Address P.O. Box 14805 Myrtle Beach, SC 29587	\$20,000.00 retainer; \$1,738.00 filing fee; \$9,745.80 applied to 3/31/21 billing; \$9,870.00 applied to 4/12/21 billing; balance of retainer remaining \$2,122.20	3/18/21 & 3/19/21	\$ 20,000.00

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____ Address		_____	\$ _____

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____ Trustee		_____	\$ _____

Debtor Regional Ambulance Service, Inc.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
	From	To
14.1. 608 Broughton Street Orangeburg, SC 29115	11/1/2007	07/01/2019
14.2. _____	_____	_____

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Regional Ambulance Services</u> Facility name	Ambulance and Wheelchair Transportation	
1089 Augusta Road Suite 300 Warrenville, SC 29851	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2. _____ Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. Medical history, social security numbers, insurance information, date of bi
Does the debtor have a privacy policy about that information?
☒ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:
- | Name of plan | Employer identification number of the plan |
|--------------|--|
| _____ | EIN: _____ |
- Has the plan been terminated?
☐ No
☐ Yes

Debtor Regional Ambulance Service, Inc.
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name		EIN: _____ Dates business existed From _____ To _____
25.2. _____ Name		EIN: _____ Dates business existed From _____ To _____
25.3. _____ Name		EIN: _____ Dates business existed From _____ To _____

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Jacqueline Brenes</u> Name 214 Oakwood Drive, Aiken, SC 29801	From <u>08/01/2020</u> To <u>03/19/2021</u>

Name and address	Dates of service
26a.2. <u>Amanda Johnson</u> Name 2024 Lorraine Street, Aiken, SC 29803	From <u>11/01/2017</u> To <u>09/01/2020</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Darrin Moyer</u> Name 1089 Augusta Road, Suite 300, Warrenton, SC 29851	

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
 Name _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Darren Moyer	919 River Bound Court, Evans, GA 30809	President/Shareholder	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Darrin Moyer Name 919 River Bound Court Evans, GA 30809-4902	129,230.64	3/1/2020 3/22/2021 _____ _____	Salary
Relationship to debtor		_____	

Debtor Regional Ambulance Service, Inc. Case number (if known) _____
Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/12/2021
MM / DD / YYYY

X

/s/ Darrin Moyer

Printed name Darrin Moyer

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Fill in this information to identify the case and this filing:

Debtor Name Regional Ambulance Service, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/12/2021
MM / DD / YYYY

 /s/ Darrin Moyer
Signature of individual signing on behalf of debtor

Darrin Moyer

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court
District of South Carolina

In re: Regional Ambulance Service, Inc.

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 04/12/2021

/s/ Darrin Moyer

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

A'Laya Nobles
483 Outing Club Road
Aiken, SC 29801

Ace American Insurance Co.
Lockbox #6907
P.O. Box 8500
Philadelphia, PA 19178

ADP
P.O. Box 12513
1851 N. Resler Drive
El Paso, TX 79912

AFC Greer
Attn: Anna Cardona
1467 Woodruff Road, Suite C
Greenville, SC 29607

AFC Urgent Care
P.O. Box 743652
Atlanta, GA 30374-3652

Aiken County EMS
1930 University Parkway, Suite 3200
Warrenville, SC 29851

Aiken Regional Medical Centers
Attn: Darren Waters, FBO Bus. & Ind. De
440 Society Hill Drive, Suite 204
Aiken, SC 29803

Air Gas
P.O. Box 734672
Dallas, TX 75373

Air Gas
1221 New Savannah Road
Augusta, GA 30901

Akeil Hagin
106 Edrie Oaks Circle
Aiken, SC 29801

Albert Maurice
145 Albert Road
West Columbia, SC 29172

All Star Towing
3500 Fernandina Road, Apt. E-3
Columbia, SC 29210

Allen, Maxwell & Silver
P.O. Box 540
Fair Lawn, NJ 07410

Amanda Johnson
2024 Lorraine Drive Southwest
Aiken, SC 29801

Amanda Neese
24 Country Meadow Lane
Lexington, SC 29073

Amy Moyer
919 Riverbound Court
Evans, GA 30809

Angelica
P.O. Box 532268
Atlanta, GA 30353-2268

April R. Taylor
483 Outing Club Road
Aiken, SC 29801

Augusta Data Storage
3122 Mike Padgett Highway
Augusta, GA 30906

Blue Cross Blue Shield of SC
4101 Percival Road
Columbia, SC 29219-8320

Bon Secours Ambulatory Service
St. Fran
1467 Woodruff Road, Suite C
Greenville, SC 29607

Brandon Ziglar
1007 Frances Street
North Augusta, SC 29841

Brian C. Williams
2184 Winding Trail Road
Graniteville, SC 29829

Briana E. Fallon
4021 Percival Road
Apt. 1833
Columbia, SC 29229

Cassandra R. Dunbar
301 Huber Clay Road
Warrenville, SC 29851

Catherine Kaylor
2007 Canada Drive
Augusta, GA 30906

Christopher Burgess
2353 Camelia Street
Cayce, SC 29033

Companion Life
P.O. Box 100102
Columbia, SC 29202-3102

Connector 2000 Association
P.O. Box 408
Piedmont, SC 29673

Craig H. Allen, Esq.
Craig H. Allen, PA
P.O. Box 10854
Greenville, SC 29603

CSRA Paper & Janitorial Supply
2002 Gordon Highway
Augusta, GA 30909

Dallas J. Brown
83 Boyd Drive
Graniteville, SC 29829

Darrell S. Satcher
202 Wildwood Drive
North Augusta, SC 29841

Darrin K. Moyer
919 Riverbound Court
Evans, GA 30809

Darrin Moyer
919 Riverbound Court
Evans, GA 30809

Darrin Moyer
1089 Augusta Road
Warrenville, SC 29851

Daryl Leto
379 Redds Branch Road
Aiken, SC 29801

Deltacom, n/k/a Windstream Enterprise
P.O. Box 2252
Birmingham, AL 35246-1058

Department of The Treasury, IRS
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101

Dept. of Public Utilities
P.O. Box 1057
Orangeburg, SC 29116-1057

Doctors Care
P.O. Box 63418
Charlotte, NC 28263-3418

Dwight B. Pixley
144 Denise Court
Aiken, SC 29801

Eddie E. White
332 Southbrook Drive
Lexington, SC 29073

EDTS, n/k/a Corsica Technologies
1721 Goodrich Street
Augusta, GA 30904

Elizabeth Klein
401 Wannamaker Street
Orangeburg, SC 29115

Emanuel Mixon
3421 Winesap Way
Augusta, GA 30906

Erica R. Zamora
332 Southbrook Drive
Lexington, SC 29073

Fedirra R. Bryant
1914 Alan Avenue
Aiken, SC 29801

Fisher & Phillips, LLP
1320 Main Street, Suite 750
Columbia, SC 29201

Fuelman
P.O. Box 70887
Charlotte, NC 28272

Fulcher Hagler, LLP
Attn: Scott Lewis
One 10th Street, Suite 700
Augusta, GA 30901

George Rivers
110 Joe Paul Drive
Cordova, SC 29039

Gray's Auto & Tire
3702 Bamberg Road
Orangeburg, SC 29115

Hamilton McKinney & Moss
10120 Two Notch Road
Suite 2, #402
Columbia, SC 29223

Hannah E. Greene
201 Woodgate Drive
Columbia, SC 29223

Harrison Arline
111 Sabal Drive
Aiken, SC 29803

Heather M. Durham
420 E. Wise Street
Trenton, SC 29847

Henry Abeyta
159 North Wrennwood
Lexington, SC 29073

Jacqueline Brenes
214 Oakwood Drive
Aiken, SC 29801

Jazmyn Couvillon
133 Bradleyville Road
North Augusta, SC 29841

Jeffrey Kyle Foster
174 Spring Oak Lane
North Augusta, SC 29841

Jiffy Lube
P.O. Box 211042
Martinez, GA 30917

John Adams
519 Augusta Road
Warrenville, SC 29851

Jose Mendoza
1723 Colleton Avenue
Aiken, SC 29801

Kara L. Jolly
5234 Platt Springs Road
Lot 2
Lexington, SC 29073

Keyrisk
P.O. Box 18746
Greensboro, NC 27419

Kordisha Mayers
4932 Barrington Drive
Columbia, SC 29203

Lee Yvette McGraw
530 Chisolm Way
Lexington, SC 29073

Levi, Wittenburg, Harriet, Hoeffler
P.O. Drawer 730
Sumter, SC 29151

Lexington Medical Center
Attn: Nancy Sells
P.O. Box 2210
Lexington, SC 29071-2210

Mail Finance
25881 Network Place
Chicago, IL 60673

Mail Finance/Neopost USA, Inc.
478 Wheelers Farm Road
Milford, CT 06461

McCarthy, Reynolds & Penn, LLC
1517 Laurel Street
P.O. Box 11332
Columbia, SC 29211-1332

Med Care Columbia
P.O. Box 415000
Nashville, TN 37241

Michael Close
776 W. Martintown Road
North Augusta, SC 29841

Midlands Exams & Drug Screening
3020 Sunset Blvd., Suite 102
West Columbia, SC 29169

Midlands Technical College
P.O. Box 2408
Columbia, SC 29202

NACM Southwest
751 Plaza Blvd.
Coppell, TX 75019

Nicholas Jackson
633 Rawl Street
Columbia, SC 29203

O'Reilly Auto Parts
1012 Gregg Highway NW
Aiken, SC 29801

Odel D. Pearson
401 Wanna Maker Street
Orangeburg, SC 29115

Piedmont Planning, LLC
1089 Augusta Road
Warrenville, SC 29851

Pollock
1711 Central Avenue
Augusta, GA 30904

Quadient Leasing USA, Inc.
Dept. 3682
P.O. Box 123682
Dallas, TX 75312-3682

Robert Metz
309 Gemstone Court
Lexington, SC 29072

Robin Armstrong
1253 Basin Rock Lane
Lexington, SC 29073

Sarah A. Harding
32 Hampton Drive
Warrenville, SC 29851

SBA Office of Disaster Assistance
408 3rd Street, SW
Washington, DC 20416

SC Department of Revenue
P.O. Box 12265
Columbia, SC 29211-9079

SC Dept. of Employment and Workforce
1550 Gadsden Street
P.O. Box 8597
Columbia, SC 29202

Schroeder's Towing
3512 Bush River Road
Columbia, SC 29210

Shannon R. Williamson
295 Baylor Drive
Graniteville, SC 29829

South Carolina Health Care Association
176 Laurelhurst Avenue
Columbia, SC 29210

Southern Anesthesia Surgical, Inc.
One Southern Court
West Columbia, SC 29169

Stamps.com
1990 East Grand Avenue
El Segundo, CA 90245

Stephen Anglin, III
5012 Serendipity Court
Aiken, SC 29803

Steve W. Shillinglaw
1998 Windrose Way
Myrtle Beach, SC 29577

Stevens Towing
2307 Airport Road
Greer, SC 29650

Sydney Elkins
130 Adler Road
West Columbia, SC 29170

Tabitha L. Perkins
1915 Old Barnwell Road
Lexington, SC 29073

The Hartford Sentinel Insurance Co.
P.O. Box 660916
Dallas, TX 75266-0916

Tiara Jenkins
122 Springwood Loop
Warrenville, SC 29851

Tracy L. Winters
509 Polo Drive
Aiken, SC 29801

Trevor Starnes
76 Edwards Drive
North Augusta, SC 29860

UMG Prompt Care
925 Branch Court
Grovetown, GA 30813

University Occupational Health Center
3121 Peach Orchard Road, Suite 201
Augusta, GA 30906

Uppro
Attn: Dan Choi
25 Broadway, 9th Floor
New York, NJ 10004

Urgent Care Group, LLC
P.O. Box 415000
Nashville, TN 37241-8091

US Bank Equipment Finance
P.O. Box 790448
St Louis, MO 63179-0448

US Securities and Exchange Commission
Office of Reorganization
950 East Paces Ferry Road, NE, Suite 900
Atlanta, GA 30326-1382

US Small Business Administration
2 North 20th Street, Suite 320
Birmingham, AL 35203

US Standard Products
P.O. Box 5509
Englewood, NJ 07631

Verizon
P.O. Box 660108
Dallas, TX 75226-0108

Veronica D. Weston
305 Holt Street
Eastover, SC 29044

Wells Fargo
1739 Whiskey Road
Aiken, SC 29803

Wells Fargo
1797 Whiskey Road
Aiken, SC 29803

Wingard Towing
1809 Augusta Road
West Columbia, SC 29169

Worker's Compensation RX Solutions
14301 N. 87th Street
Scottsdale, AZ 85260

Zenobia T. Darby
50 Dallas Circle
Aiken, SC 29801

Zters, Inc.
13727 Office Park Drive
Houston, TX 77070

Zurich North America
P.O. Box 464
Carol Stream, IL 60197-4664

United States Bankruptcy Court

District of South Carolina

In re Regional Ambulance Service, Inc.

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ _____

Balance Due. \$ _____

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{20,000.00} _____

The undersigned shall bill against the retainer at an hourly rate of \$ ^{350.00} _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]
See Retainer Agreement

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
See Retainer Agreement

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/12/2021

/s/ Christine E. Brimm, SC 6569 / FED 6313

Date

Signature of Attorney

Barton Brimm, PA

Name of law firm
1500 Highway 17 Business North
Suite 214
Surfside Beach, SC 29575-5142
8032566582
cbrimm@bartonbrimm.com

ATTACHMENT TO DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

Retainer Amount	\$20,000.00
Filing Fee	\$1,738.00
	<hr/>
	\$21,738.00
Amount Applied to Pre-petition fees (3/31/21)	- \$9,745.80
Amount Applied to Pre-petition fees (4/12/21)	-\$8,132.00
Filing Fee Applied (4/12/21)	-\$1,738.00
	<hr/>
RETAINER BALANCE	\$2,122.20

CHRISTINE E. BRIMM
*Certified Specialist in Bankruptcy
and Debtor-Creditor Law*

BRIANNA J. MORRISON
Associate Attorney

BARBARA GEORGE BARTON
Retired



1500 Highway 17 Business North
Suite 214
Surfside Beach, SC 29575
(803) 256-6582
www.bartonbrimm.com

Mailing Address
P.O. Box 14805
Myrtle Beach, SC 29587

cbrimm@bartonbrimm.com
bmorrison@bartonbrimm.com

March 15, 2021

Regional Ambulance Service, Inc.
c/o Darrin Moyer
VIA E-MAIL darrin4321@gmail.com

RE: *Agreement for Legal Services*

Dear Mr. Moyer:

This confirms the agreement between Regional Ambulance Service, Inc. (the "Company" or "You") and Barton Brimm, PA (the "Firm"), pursuant to which the Firm has agreed to represent the Company. Representation pursuant to this agreement expressly does not include any representation of any individual, but only the Company in its corporate capacity. This representation will involve advice and counseling concerning the Company's financial matters and negotiation with the Company's creditors regarding potential resolution short of bankruptcy, as necessary, and will also involve the filing of a Chapter 11 bankruptcy. It is understood that any representation by the Firm of any individual or affiliate company will be by separate agreement, and that no such representation is included pursuant to this agreement with the Company.

Representation will commence with payment to the Firm of an initial retainer in the amount of \$20,000.00. The Retainer is for legal services only and does not include the Chapter 11 filing fee of \$1,738.00 to be paid to the Bankruptcy Court, or any additional fees which may arise during the course of the bankruptcy. The Firm may request that the retainer be replenished from time to time, as needed, and You agree to provide such additional retainer amounts as may be requested. The Firm shall send an informational invoice to You including a detailed daily description of its time, charges and reimbursable expenses by the fifteenth (15th) day of each month for services performed and expenses incurred during the preceding calendar month. The Firm shall charge against its Retainer the invoice amount on the date each invoice is sent or, after if a bankruptcy is filed on your behalf, only upon approval by the Bankruptcy Court. Fees shall be charged for the time expended by members of the firm at the rate of \$350.00 per hour for Christine E. Brimm. Time expended on this representation by other attorneys or legal assistants will be charged at the normal and customary hourly rates applicable to each attorney or legal assistant working on these matters as charged by the Firm to its non-bank, corporate and commercial clients. If the Firm increases its hourly rates at any time during the course of this representation, the higher rate shall be deemed substituted for the initial rates described in this agreement.

The expenses chargeable against the retainer may include, among other items, filing fees, deposition expenses, expert witness fees, subpoena and service of process fees, cost of transcripts, secretarial overtime, document production and reproducing costs, charges for toll, long-distance, and conference telephone calls, expedited mail or delivery services, fax and telecopier expenses, messenger services, and the cost involved

Regional Ambulance Service, Inc.
Page 2
March 15, 2021

in hiring accountants, actuaries or appraisers if necessary. You agree that, to the extent the retainer is insufficient to pay the amount incurred in fees and expenses, You will pay all additional amounts as incurred.

You acknowledge that the Retainer does not represent a fixed amount for the legal representation, but is instead a security retainer. You will be billed at the hourly rate for all time incurred in this matter.

You further acknowledge and agree that the Firm has reserved the right to seek approval from the Bankruptcy Court for additional compensation from the debtor's estate beyond the Retainer amount, or for an enhancement of its compensation at rates higher than those scheduled in this agreement, or in a greater aggregate amount, in the event a bankruptcy is filed.

You agree that You will perform fully and conscientiously all of the statutory duties of the debtor under the Bankruptcy Code, and that You will timely comply with all reasonable requests for information or reports requested by the Firm, by the trustee and by the United States Trustee. These duties include gathering and reviewing all of the information necessary for filing a complete and accurate list of all of Your creditors, by complete name and address, in the form for a matrix required by the Bankruptcy Court, a schedule of Your executory contracts and unexpired leases, the statement of Your financial affairs, and the statement of Your current income and expenses. You acknowledge that bankruptcy forms are required to be completed with the foregoing information, and further acknowledge that to the extent that the Firm has to redraft or assign its personnel to complete these forms for You, the fees for the Firm's services will be substantially increased beyond the initial Retainer amount.

Representation pursuant to this agreement does not include representation in the following matters, which are hereby expressly excluded. In the event that You desire the Firm to represent You in the following matters, should they arise, a separate written retainer agreement will be necessary.

1. Adversary proceedings;
2. Appeals;
3. Matters involving material facts not disclosed at the time of this Retainer Agreement; and
4. Any other matters or litigation not described herein.


Yours Very Truly,

BARTON BRIMM, PA


Christine E. Brimm

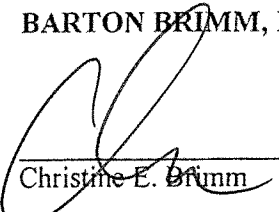
RETAINER AGREEMENT AGREED AND ACCEPTED:

REGIONAL AMBULANCE
SERVICE, INC.


Darrin Moyer, President

3/18/2021
Date

BARTON BRIMM, PA


Christine E. Brimm

3/19/21
Date

United States Bankruptcy Court

IN RE:

Case No. _____

Regional Ambulance Service, Inc.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Darren Moyer 919 River Bound Court, Evans, GA 30809	100	